U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This erfort is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	, , , , , , , , , , , , , , , , , , , ,	
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	READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
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1. File Number U - 82 48		2. Fiscal Year Covered From:
	ė.	1/1/204 Through: 12/3//2004
3. Name and address of persor	filing.	4. Name, file number, and address of labor organization.
Name MICHAEL	M BROZYNSKI	Name T.A.M.A.W. X-Pay Lodge 1916
Paradologo de la companya del companya del companya de la companya		Labor Organization File Number 025-787
		Annual An
P.O. Bok, Bldg., Room No., if a	ny	P.O. Box, Building and Room Number, if any
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Jares Wa	SHIDGHED CARCLE	35/0 30. (41 31.
City WAUWATES	· A	City ULWAUKEL
State Wi	ZIP Code +4 53213	State (W) ZIP Code + 4 53 7.20 10
5. Position in labor organization.		
	VICE PRESIDENT L	<u>L. 1916</u>
Enter appropriate data below	if, during the past fiscal year, you or your spou (except as specified in the exclusi	use or minor child directly or indirectly had any of the following interests slons set forth in the instructions):
A. Held an interest in, engager	d in transactions (including loans) with, or d	derived income or other economic benefit of on represent.
3. Name and address of Employe	· · · · · · · · · · · · · · · · · · ·	7.a. Nature of Interest, Transaction, or Income.
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Name	and the state of t	
Trade Name, if any:		
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		7.b. Amount.
Street		
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State	ZiP Code +4	
	Signate	ura
15. Signature and verification.	The undersigned declares, under penalty of Pe	rjury and other applicable penalties of the law, that all of the information
Sudifice in the feath increding	the information contained in any accompanying lief, true, correct, and complete. (See the section	I documented has been exemined by the signal
Signed Wyll()	Droxya Li	on 8-10-05 414-257-3041

Name of Person Filing WICHAEL W. B-12024N	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organi	erwise dealing with the business dively seeking to represent, or adirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name 6. E. HEACTH CARE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3000 GRANNIEW BLJD City WANGSHA State W1 ZIP Code ÷ 4 53199 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Trust c. Employer	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	UNION CERCESE DTATIO	
Street	11.b. Approximate dollar value of such dealing.	51.85
City State ZIP Code + 4	12.a. Nature of interest held or income received. MELTING ENTERTAINM	507
	12.b. Amount. Wish	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money.	er parts A and B above) y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	A STATE OF THE STA
Name		
Trade Name, if any:		
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	And the second of the second o
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Name of Person Filing MANIACL U BROSHNSKI	File Number U-			
	Area a freelines (1) 2			
B. Held at interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise (2) any part of which consists or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name G.E. HEALTH CARE	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 3000 GRANDVIEW BUD				
City WAUKSITA ZIP Code +4 53188				
State ZIP Code +4 53.188				
10. If 9.t. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	UNION REPRESENTATION			
Trade Name, if any:				
P.O. Bok, Bidg., Room No., if any				
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